KANSAS DEPARTMENT OF LABOR www.dol.ks.gov

K-WC E-2 (Rev. 6-12) Deceased						
employee:	A 41-1-11-					
First Date of birth:	Middle	Last	Employer:			
Social Security number:						
address at time of death: _						
City:				. .		
	ACCIDEN	ITAL INJURY OF	R OCCUPATIONAL	, ,	uired)	
Date of accident/disease _						
 - How did accident occur?						
_						
n what county did accident occur?			at or near (city)			(state)
a. ooa, a.a.a.oa.o						(0.0.0)
faccident/disease did not						
accident/disease did not	: happen within Kansa	as, in which Kansas	county could hearing be	e most conveniently hel		
f accident/disease did not	: happen within Kansa	as, in which Kansas		e most conveniently hel		
	happen within Kansa	as, in which Kansas VING SPOUSE,	county could hearing be	e most conveniently hel HEIRS Email	d? Age	
<u>Name</u>	happen within Kansa SURVI Address	as, in which Kansas VING SPOUSE,	county could hearing be	e most conveniently he HEIRS <u>Email</u>	Age	Relationship
<u>Name</u>	happen within Kansa SURVI Address	as, in which Kansas	county could hearing be	e most conveniently hel HEIRS Email	Age	Relationship
<u>Name</u>	s happen within Kansa SURVI Address	as, in which Kansas	county could hearing be	e most conveniently hel HEIRS Email	Age	Relationship
Name	s happen within Kansa SURVI Address	as, in which Kansas	county could hearing be	e most conveniently hel HEIRS Email	Age	Relationship
Name	s happen within Kansa SURVI Address	as, in which Kansas	county could hearing be	e most conveniently her HEIRS Email	Age	Relationship
Name Applicant	SURVI Address printed name	as, in which Kansas	DEPENDENTS OR	e most conveniently her HEIRS Email	Age	Relationship
Name Applicant	SURVI Address	as, in which Kansas	Signature Attorney signature	e most conveniently hel HEIRS Email	Age	Relationship
Name Applicant	SURVI Address printed name	as, in which Kansas	Signature Attorney signature Printed name:	e most conveniently hele HEIRS Email	Age	Relationship
Name Applicant	SURVI Address printed name	as, in which Kansas	Signature Attorney signature Printed name: Street:	e most conveniently hele HEIRS Email	Age	Relationship
Name Applicant	SURVI Address printed name	as, in which Kansas	Signature Attorney signature Printed name: Street: City:	e most conveniently hele HEIRS Email	Age	Relationship Date
Applicant (SURVI Address printed name	as, in which Kansas	Signature Attorney signature Printed name: Street: City:	e most conveniently hele HEIRS Email	Age	Relationship Date

DO NOT WRITE IN THIS SPACE

Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that Social Security numbers be included on forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual. The use of Social Security numbers is made necessary because of the large number of applicants who have similar names and birth dates,

and whose identities can only be distinguished by the Social Security number.